

PART B - FEE(S) TRANSMITTAL

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	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAME INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/939,886	08.27.01	Kevin O'Rourke	2001P07800 US01	4813
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TITLE OF INVENTION:

A System and User Interface for Communicating and Processing Patient Record Information

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$ 1400	\$ 300	\$0	\$1700	04/24/2007
EXAMINER		ART. UNIT		CLASS-SUBCLASS		
2174						

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page. List

(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,

1 Alexander J. Burke

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siemens Medical Solutions Health Services Corporation

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Malvern, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order # of Copies _____

4b. Payment of Fee(s): (Please first supply any previously paid issue fee shown above)

A check is enclosed

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature _____

Alexander Burke

Date 02.01.07

Typed or printed name Alexander Burke

Registration No. 40,425

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